Avoidance of Fetal Irradiation

SIR,—As a centre interested in obstetrics and gynaecology we are regularly asked for advice concerning the magnitude of the radiation hazard to the fetus in mothers pregnant at the time of a hysterosalpingogram. Questioning shows that most of these patients did not receive advice regarding the importance of avoiding pregnancy before the examination—most of them are attending for sterility and are not taking contraceptive measures.

The following sentence inserted into the appointments letter has been found suitable, and I suggest that some similar form should be used for all patients: "Do not become pregnant prior to this examination, either by avoiding intercourse between the end of the period and the examination, or by taking active contraceptive precautions."—I am, etc.,

J. G. B. RUSSELL

Department of Radiology,
Manchester Royal Infirmary,
Manchester

Recurrent Aphthae: Treatment with Vitamin B₁₂, Folic Acid, and Iron

SIR,—Mr. D. Wray and his colleagues (31 May, p. 490) are to be congratulated on their thorough investigation into the vexed problem of recurrent oral ulceration. Their results and recommendations are supported by a similar study being undertaken in the oral medicine department of this hospital. Two hundred patients with this condition have had haematological screening. So far 257 tests have been undertaken and 61 deficiencies found in 51 patients. More than one deficiency was found in 12 patients. Thirty-three of the 200 patients (17%) had a demonstrable iron deficiency, 30 with anaemia and three without. Replacement therapy brought about resolution in six (18%) and improvement in seven patients (21%). No change was noted in 20 (61%). Folic acid estimations have been carried out on 21 patients so far, and 13 (62%) were deficient, six with demonstrable anaemia and seven without. Specific replacement therapy has resolved two (15%) and improved eight (62%); no change occurred in three (23%). Serum vitamin B₁₂ levels were estimated in 36 patients and 15 were deficient, eight with anaemia and seven without. With B₁₂ replacement 77% resolved and 8% improved, while 15% noted no change. Of the 51 patients with identifiable haematological deficiencies, 34 either improved or resolved after treatment. Of the remaining 149 patients with no detectable deficiency, 67 either improved or resolved spontaneously with local corticosteroids only.

It is clear that neither in our patients nor in those of Mr. Wray and his colleagues has a direct cause-and-effect relationship been established between haematological deficiencies and aphthous ulceration. Further, for the establishment of the effectiveness of treatment a randomized controlled trial is necessary. However, the findings do indicate the existence of a pool of chronic deficiency disease, which would be diagnosed early if full blood investigations were undertaken in all patients complaining of serious recurrent oral ulceration. Further, many patients suffering greatly from recurrent aphthous ulcers would be rapidly relieved with specific re-

placement of the identified deficiency.—We are, etc.,

FERGAL F. NALLY
G. C. BLAKE

Institute of Dental Surgery,
London W.C.1

Pregnancy with an Intrauterine Contraceptive Device

SIR,—We wish to draw attention to an error in your recent leading article on the above subject (31 May, p. 458), which stated that about 1 in 5 of the pregnancies occurring with an intrauterine device in situ will be ectopic. Experience from a large number of studies indicates that an appropriate summary figure would, in fact, be about 1 in 20.¹⁻⁴—We are, etc.,

WALLI BOUNDS
MARTIN VESSEY

Family Planning Association,
London W.1

- ¹ Leffeldt, H., et al., *American Journal of Obstetrics and Gynecology*, 1970, 108, 1005.
- ² World Health Organization Technical Report Series, 1971, No. 473.
- ³ Vessey, M. P., et al., *Lancet*, 1974, 1, 495.
- ⁴ Stevens, J. D., and Fraser, I. S., *Journal of Obstetrics and Gynaecology of the British Commonwealth*, 1974, 81, 282.

Tar and Nicotine Yields of Cigarettes

SIR,—I have read with interest the article by Dr. M. A. H. Russell and others (12 July, p. 71) on carbon monoxide yields of cigarettes and their relation to nicotine yield and type of filter. The authors state that "it is only since the public have been given the information, and can consequently act on it, that the tar and nicotine yields have been dramatically lowered by the manufacturers." This statement, if uncorrected, could mislead your readers. Reductions in tar and nicotine yields of important U.K. filter cigarette brands by the U.K. tobacco manufacturers did in fact take place long before the publication by the Government of the first tar and nicotine "league table." Tar and nicotine yields of major filter cigarette brands were substantially reduced as long ago as 1967, and my company at that time urged the then Minister of Health to make this information available to smokers through the publication of a comparative league table.

It follows, therefore, since the first league table was published by the Government only in 1973, that the facts of the matter are, for all practical purposes, the converse of those stated by the authors of the article to which I have referred. I hope you will agree that it is important to correct this misunderstanding.—I am, etc.,

H. R. BENTLEY
Research and Development Director,
Imperial Tobacco Limited

Bristol

Routine Chest Radiographs in Hospital

SIR,—The B.M.A.'s Diseases of the Chest Group Committee considered your leading article (15 March, p. 592) and we feel that it calls for certain comment. While we agree that the tuberculin test will not distinguish between a tuberculous infection or actual tuberculous lung disease there can be no doubt that the chest x-ray examination will,

and it is often the only method of detecting such an early active tuberculous lesion.

However, while universal chest x-ray examinations of patients of 30 years of age or less about to undergo surgery may no longer be necessary there are, of course, certain important exceptions. These include, firstly, all immigrants from South-east Asia, where the tuberculosis attack rate is very much higher than in the indigenous population; secondly, all contacts of cases of active tuberculosis, particularly if it be known that the sputum examination of the index case is positive for *Mycobacterium tuberculosis* on direct smear examination. Then there are known diabetic patients, particularly those more difficult to stabilize or uncooperative in treatment, as well as patients undergoing major gastric surgery and those patients receiving long-maintained, high-dosage corticosteroid therapy for arthritis or other disorders.

Likewise we agree that routine antenatal chest radiography is generally unproductive and unlikely to be so, though again certain exceptions as indicated above must be noted. Finally, of course, the number of patients in these groups actually x-rayed could be further reduced if time allowed for a tuberculin test to be performed, though the sensitivity of this procedure will inevitably be reduced in the indigenous Caucasian population by the past and continuing B.C.G. policy in this country.—We are, etc.,

PETER LEGGAT
GORDON EDWARDS

Leeds

Dying for a Number

SIR,—What an interesting letter from Maj.-Gen. F. M. Richardson (12 July, p. 102), and how refreshing to read in a scientific journal.—I am, etc.,

RANGER WHELAN
Burgess Hill, Sussex

Junior Hospital Staff Contract

SIR,—We would like to add our voices to those already expressing disquiet over the new contract for junior doctors. Among the recent letters that from Dr. D. Murphy and others in Glasgow (24 May, p. 447) most succinctly lists our main objections. In addition, however, we are worried that both patient care and the education of hospital junior doctors will suffer if efforts are made to reduce the actual working week to the implied 40 hours, as this can be achieved only at the expense of the standard and continuity of medical treatment.—We are, etc.,

J. MICHAEL

St. Thomas's Hospital,
London S.E.1

** The names of 125 others were appended to this letter in addition to that of Dr. Michael.—Ed., *B.M.J.*

SIR,—We, the undersigned, wish to express our total support for the new junior hospital doctors' contract. In particular, we agree with the demand that the main salary be paid for the standard working week of 10 units of medical time. We give full support